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ABSTRACT

This learning activity package (LAP) titled Disadvantaged Learner Referral Process is one of a series designed to develop competencies needed by vocational teachers working with disadvantaged students. Each LAP concentrates on one general vocational teacher competency and contains the following sections: an introduction, a teacher competency sheet, an information section, worksheets, and evaluation devices. The introduction describes the purpose and directions for using the booklet. The teacher competency sheet identifies the unit, competency, performance objective, learning activities and vocabulary to guide the learning of the vocational teacher. Information sheets and alternative print and nonprint media present content pertaining to the competency. A test is provided to check the teacher's comprehension of the information presented. Worksheets provide application of the content and a final evaluation instrument permits an assessment of the vocational teacher's performance. (LRA)



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# DISADVANTAGED LEARNER REFERRAL PROCESS

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## PREFACE

This booklet is one of a series designed to assist vocational educators with disadvantaged learners. The series was designed to develop competencies needed by vocational teachers working with disadvantaged students.

Each booklet is a learning activity package (LAP) that concentrates on one general vocational teacher competency. An introduction, a teacher competency sheet, an information section, worksheets and evaluation devices are included. The introduction describes the purpose and directions for using the booklet. The teacher competency sheet identifies the unit, competency, performance objective, learning activities and vocabulary to guide the learning of the vocational teacher. Information sheets and alternative print and nonprint media present content pertaining to the competency. A test is provided to check the teacher's comprehension of the information presented. Worksheets provide application of the content and a final evaluation instrument permits an assessment of the vocational teacher's performance. With certain LAPs, extended activities have been included to permit interested teachers to go beyond the minimum competency level.

The LAPs in the series are as follows:

1. Characteristics of Disadvantaged Learners
2. Disadvantaged Learner Referral Process
3. Diagnostic Assessment of Disadvantaged Vocational Learners
4. Disadvantaged Learner Analysis Profile
5. Occupational Cluster Analysis for Disadvantaged Vocational Learners
6. School and Community Resources for Disadvantaged Learners
* 7. Instructional Materials for Disadvantaged Learners
* 8. Learning Activities for Disadvantaged Learners
* 9. Disadvantaged Learner Vocational Plan
* 10. Classroom Management for Disadvantaged Learners
* 11. Disadvantaged Vocational Learner Progress Evaluation
* 12. Competency-Based Vocational Teacher Education on Disadvantaged Learners: User's Manual

* Booklets 7-12 are under development and are projected to be ready for dissemination in October 1980.

ACKNOWLEDGEMENTS

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Perry R. Gemmill
Project Director

# INTRODUCTION

Once a potentially disadvantaged vocational student has been identified, the vocational teacher should refer the student for further assessment and support services eligibility consideration. This process is called the "referral process."

The purpose of this learning activity package (LAP) is to: (a) describe the components of a referral process for potential disadvantaged learners, (b) determine the acceptable referral process for a local education agency (LEA) and (c) facilitate the completion of a referral form for a disadvantaged learner.

A suggested procedure for using this LAP is to review the entire Teacher Competency Sheet. If you then feel that you need additional information about the referral process, perform the learning activities starting with the information section. However, if you think that you can achieve the performance objective, complete the work-sheets and rate your performance.

TEACHER COMPETENCY SHEET

UNIT 1.00:

Assessing Disadvantaged Vocational Learners

COMPETENCY 1.02:

Identify the referral process used in a Local Education Agency (LEA).

PERFORMANCE OBJECTIVE:

Given information on the referral process for disadvantaged learners, identify the referral process in a LEA. A checklist will be used to rate your performance. All items must receive an acceptable rating.

LEARNING ACTIVITIES:

1. Read Information Section II on "The Referral Process."
2. (Optional) Examine references listed in the reference section of the User's Manual having specific information on the referral process.
3. Test Your Knowledge by completing the section on "Identifying the Referral Process."
4. Describe the referral contact personnel and procedures employed in a LEA on Worksheet IV, "Referral Process for LEA."
5. (Optional) Collect referral forms used in your LEA and analyze them on Worksheet V, "Referral Form Analysis."
6. (Optional) Complete an acceptable referral form for the disadvantaged learner identified in Case History 1 on Worksheet Vla, "Completing Referral Forms."
7. Complete an acceptable referral form for a disadvantaged learner in a LEA by filling out Worksheet Vlb, "Completing Referral Forms."
8. Rate Your Performance on the "Referral Process Checklist."

VOCABULARY

Assessment: Evaluation using diagnostic tools and techniques to gather pertinent information on the informational, manipulative and/or attitudinal potential or performance of a student.

Contact personnel: Person or persons responsible for determining the eligibility of the referred student for special services and for communicating this information to the vocational teachers.

Referral disposition: Results of a referral including the procedure to be followed and the time of implementation.

Referral guidelines: Procedure, contact personnel and forms used in referring potential disadvantaged learners.

Referral process: Stages and personnel involved in assessing and determining the eligibility of vocational students for disadvantaged learner services.

Screening: Process of selecting or rejecting students for special services based on eligibilty criteria.

Information Section II

## THE REFERRAL PROCESS

The referral process consists of the stages and personnel involved in verifying the need of a vocational student for special support services. As shown in Figure 1, a referral should be made only after the vocational teacher has identified and described the characteristics of the potentially disadvantaged learner.

The vocational teacher should identify and use the referral process established for the local education agency (LEA). Occasionally, no guidelines are available. The following paragraphs include suggestions for utilizing or designing referral guidelines for the LEA.

1. Analyze the referral process and decide what specific student information is necessary. Become familiar with any restriction placed on the referring person (i.e., parental permission).

2. Identify the "contact personnel." These individuals may include guidance counselors, school administrators, vocational education supervisors, vocational resource teachers, a special needs liaison person, an established review committee composed of representatives from the school and district, a school psychologist and a pupil personnel worker.

3. Analyze the referral form for completeness. Figures 2a, 2b and 2c show typical referral forms. Acceptable referral forms should include the following:

   (a) name, address, age, birthdate, sex, school, grade placement and program of student;
   (b) names, addresses, occupations and phone numbers of parents or guardians;
   (c) date on which the referral form is submitted;
   (d) name and title of referring person(s), including teachers, parents and community services personnel;
   (e) reason for the referral including a detailed description of the student's specific problems;
   (f) strengths of the learner;
   (g) special services the student is already receiving;
   (h) recommendations for special services/programming;
   (i) name(s) and title(s) of the contact personnel; and
   (j) disposition of the referral.

In adherence with the school's guidelines, the vocational teacher should complete the referral form and route the form to the appropriate contact personnel. The contact personnel determine the eligibility of the referred student for special services and communicate this information to other appropriate individuals.

Each referred student is screened and assessed using diagnostic tools and techniques. Assessment assists the determination of the student's eligibility for special services and provides information for program planning and implementation.

After screening and assessing, a decision is made about the disposition of the referral. The procedure to be followed may include further specialized testing, counseling, parent and teacher conferences or a special instructional plan. In addition, consideration is given to the approximate length of time before action can occur.

In brief, the referral process steps include:

1. Identify and describe the potential disadvantaged student.
2. Review the referral procedure, contact personnel and forms.
3. Complete the referral form.
4. Route the referral form to appropriate personnel.
5. Participate in the decision-making process.
6. Follow up on the disposition of the referral.

FIGURE 1

REFERRAL PROCESS

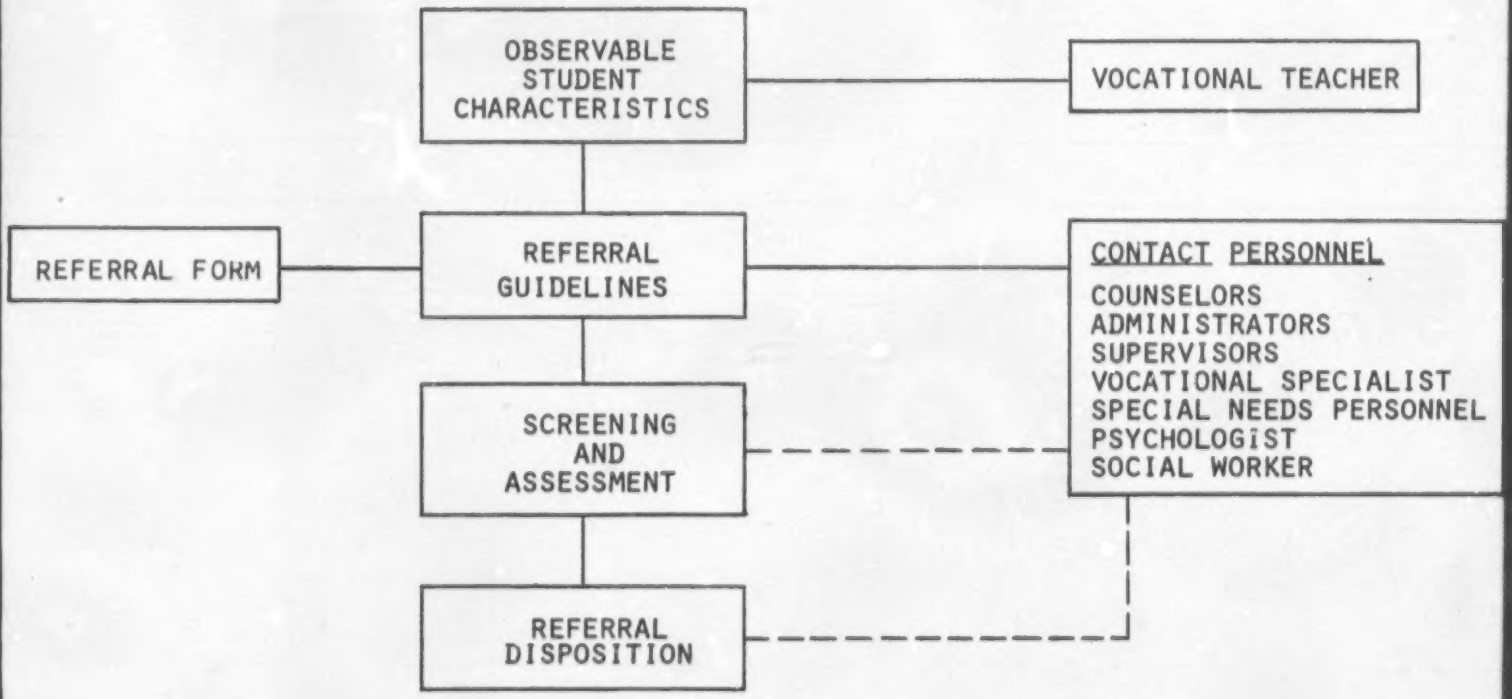

Figure 2a

Student Referral Form

Vocational Education

Student's Name:_____ Grade:_____ Date:_____

School:_____

Person Initiating the Referral:_____

Title:_____

Please Specify the Reason for this Referral:_____

_____

_____

_____

_____

_____

_____

_____

_____

Special Services Presently Received:_____

_____

Received By:_____Title:_____ Date:_____

Action Taken:

Adapted from Evans, R. N., Albright, L. & Fabac, J. Procedures for identifying students with special needs. Urbana-Champaign, Illinois: University of Illinois, Bureau of Educational Research, 1978.

Figure 2b

Disadvantaged Learner Referral Form

*Directions: Please complete as much of the information below as possible. Sources of information to be used in completing this form include: pupil school records, classroom observations, and individual counseling with the student.*

Student Name: _____ Grade ___ Referral date_____

Address: _____ Sex ____ Birthdate_____

Age: _____

Reason for Referral Action: _____

_____

_____

PARENTS: Father's Name: _____

Address: _____ Telephone: _____

Mother's Name: _____

Address: _____ Telephone: _____

Guardian's Name: _____ Relationship: _____

Address: _____ Telephone: _____

EMPLOYMENT: Father: _____

*(occupation and place of employment)* Mother: _____

Guardian: _____

PARENTS CONTACTED: ____ Yes ____ No

STUDENT EMPLOYMENT GOALS: _____

_____

SPECIAL SERVICES BEING RECEIVED: _____

_____

RECEIVED BY: _____, (Title):_____(Date):_____

ACTION TAKEN: _____

Adapted from Phelps, L. A. Instructional development for special needs learners: an inservice resource guide. Urbana-Champaign, Illinois: University of Illinois, Department of Vocational and Technical Education, 1975.

Figure 2c

Baltimore City Public Schools

Division for Exceptional Children

Screening Referral Form
(Confidential)

Directions: Every Section MUST be completed. Starred items may be completed by the Counselor, Social Worker, etc.

Student's Name:_____ Date of Birth:_____ Race/Sex:_____

School:_____ Grade:_____ Class: _____ Automated No: 000-_____

Homeroom Teacher's Name:_____ Room No._____

Name of Parent/Guardian:_____

Address:_____ Zip Code:_____ Phone:_____

Language spoken in home:_____

| | Date | Pass/Fail |
|---|---|---|
| Vision: | _____ | _____ |
| Hearing: | _____ | _____ |

Days absent: (Last year)____(Present year)_____

Is child taking any medication? Yes____ No____ Kind:_____

Referred by (name/position)_____ Date Referred:_____

Signature of Department Head (Secondary)_____

_____

Why is this child being referred?

_____

Has the parent been notified of referral? Yes____ No ____ Date of Notification: _____

Does the parent agree? Yes____ No____

*Educational support services received? (Levels of Service I-II-III-IV-V-VI) (reading, Hi-I, math, speech and language, etc.)

Current Service(s) Dates:

Past Service(s) Dates:

*Outside agencies involved with the child:

| | Worker | Phone No. |
|---|---|---|

Current services data:

Past services data:

Form #1
Rev. 9/78

Figure 2c (con't.)

I. Developmental/Behavioral Information
   A. Prioritize areas of concern under the multiple criteria headings.
   B. Indicate specific observed behaviors for the areas of concern.
   C. Record the current level of functioning in the areas of concern.
   D. Cover all areas of the multiple criteria and indicate the areas not applicable (NA) or where no contraindications occur.

| Multiple Criteria | Observed Behavior (Attach Sheet if necessary) | Current Levels of Functioning |
|---|---|---|
| GENERAL HEALTH | | |
| MOTOR | | |
| VISUOMOTOR | | |
| LANGUAGE | | |
| BEHAVIOR | | |
| SOCIAL/EMOTIONAL | | |
| ACADEMIC | | |

II. Current instructional grade at which the student is functioning.

Reading_____ Math_____

III. Levels of Performance

Test information (within the last two years)

Test information (within the last six months)

| *Language Assessment | Date | Results | Source of Test Information | Achievement Test | Date | Results | Source of Test Information |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

*See Multiple Criteria format for Language. Verbal scale intelligence test data can be recorded under the Language multiple criteria, performance scale intelligence test data can be recorded under the Motor and Visuomotor multiple criteria.

IV. Describe program materials and strategies used with the student. Indicate the most effective intervention.

V. Summarize students strengths, interests and weaknesses on which I.E.P. is to be developed.

Date Referral Received
by Chairperson
School_____
Regional_____
Central_____



(Attach Appropriate Reports)

Figure 2c (con't.)

Descriptors

General Health: "Physical or Organic Contraindication, Hearing Acuity, Visual Acuity, Specific Psychiatric Disorders" Includes: Frequent illness, chronic health problems, seizures, congestion in nose and/or throat, general hygiene, overweight, underweight, dental problems, unusually sleepy, apathetic, frequent earaches, frequent urination, frequent requests for water, allergies, headaches, frequent falling, difficulty copying from the blackboard, complains of eyes hurting, red or runny eyes, squints, suspected color blindness, constantly watches teacher's face, speaks in abnormally loud or soft voice, etc.

Motor: "Gross Motor Skills, Fine Motor Skills, Balance and Coordination, Writing" Includes: Has difficulty cutting with scissors, folding paper, writing, appears clumsy, cannot handle self in simple physical education activities, has odd gait, poor sense of balance, poor coordination for self-help skills such as tying shoes, buttoning, etc.

Language: "Auditory Discrimination, Receptive and Expressive Language, Auditory Memory, Speech" Includes: Articulation problems, voice quality, fluency, blocks, stutters, echoes speech, distorts sounds, substitutes, garbles, unintelligible speech, participates rarely in class discussion, slow to respond to questions, difficulty "finding" words for speech, substitutes words like "thing" for nouns, difficulty discriminating between similar sounds, forgets what is heard, difficulty relating sounds to the printed letter, difficulty sequencing syllables or letters (pasghetti for spaghetti), etc.

Visual Motor: "Visual Discrimination, Receptive and Output Visuo-Motor and Visual Memory" Includes: Reverses, inverts letter and/or word order, draws backwards, makes letters and numbers backwards, difficulty tracking moving objects, slow to recognize letters as looking the same or different, poor memory for what is seen, poor eye-hand coordination, drawings are immature and lacking in detail, etc.

Behavior: "Attending Behavior, Impulse Control, Frustration, Distractibility, Thought Processes" Includes: Difficulty staying on task, must be constantly supervised and/or directed, seems preoccupied, daydreams, seldom completes tasks assigned, easily frustrated, easily distracted by extraneous stimuli, engages in repetitive behaviors, overactive, doesn't maintain eye contact, etc.

Social-Emotional: "Family Relationships, Authority Relationships (School and Home), Peer Relationships, Reality Orientation, Special Life Events" One or more of following characteristics over a long period of time and to a degree significantly different from the peer group which interfere with the educational process: Impaired perception of reality, thought process disorder, danger to himself and others, markedly depressed, withdrawn behavior, inability to maintain interpersonal relationships with peers or adults, inappropriate behavior in terms of time or place; a tendency to develop physical symptoms in relationship to school problems, inability to separate from parent (K, 1st grade) and attend class, non-attendance coupled with withdrawn-depressed stay at home behavior, repetitious behavior, self-stimulating behavior (autistic-like), poor impulse control, extreme variability of behavior, wide swings in affect, physically aggressive behavior with peer and adults, verbally agressive behavior with peers and adults, inability to stay on task, extreme hyperactivity, demands constant one to one attention, fire setting, theft, intimidation, extortion, destruction of property of peers, adults or school, creating a climate of chaos in a classroom which hampers teaching and prevents other students from learning, etc.

Academic Achievement: "Reading, Spelling and Mathematics Proficiency, Writing, and Overall Academic Achievement" Includes: Self-help skills, pre-vocational and vocational skills, and elective subject areas, etc.

## Test Your Knowledge

### IDENTIFYING THE REFERRAL PROCESS

Directions: Write responses for each of the following items after reading the information section. Then compare your answers to the appropriate responses given in the Answer Key.

1. What is the purpose of the referral process?

   _____

   _____

2. List five contact personnel who may be involved in the referral process.

   a._____ d._____

   b._____ e._____

   c._____

3. Identify nine components that should be included on an acceptable referral form.

   a._____ f._____

   b._____ g._____

   c._____ h._____

   d._____ i._____

   e._____

4. List the six steps in the referral process.

   a._____

   b._____

   c._____

   d._____

   e._____

   f._____

## Answer Key -- Test Your Knowledge

### IDENTIFYING THE REFERRAL PROCESS

1. Definition:

   The stages and personnel involved in verifying the need of a vocational student for special support services.

2. Contact Personnel:

   a. Guidance Counselor
   b. School Administrator
   c. Vocational Education Supervisor
   d. Vocational Resource Teacher
   e. Special Needs Liaison Person
   f. Designated District Person
   g. School Psychologist
   h. Pupil Personnel Worker
   i. Committee representatives from the school and district

3. Referral form components:

   a. Identifying information
   b. Parental information
   c. Referral date
   d. Referring person(s)
   e. Reason for referral
   f. Strengths of student
   g. Services student is currently receiving
   h. Recommendations for services
   i. Name(s) and title(s) of contact personnel

4. Referral process steps:

   a. Identify and describe the potential disadvantaged student.
   b. Review the referral guidelines, contact personnel and form(s).
   c. Complete the referral form.
   d. Route the referral form to appropriate personnel.
   e. Participate in the decision making process.
   f. Follow up on the disposition of the referral.

Worksheet IV

REFERRAL PROCESS FOR LEA

Directions: Inquire about the referral process in your LEA. Then describe the personnel and procedures.

Contact Personnel

| Name | Title | Service | Phone |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Procedures

1. Initial Contact Person: _____
2. Restrictions: _____
3. Recommended Routing Procedure: _____
   _____
   _____
4. Screening/Assessment Procedure: _____
   _____
   _____
5. Disposition Procedure: _____
   _____
   _____
   _____

Worksheet V

REFERRAL FORM ANALYSIS

Directions: Rate the inclusion of the following criteria on the referral form by checking (✓) the appropriate category. All items must be completed. Then write recommendations for improving the form.

| Criteria | Acceptable | Unacceptable |
|---|---|---|
| Identifying information of the student. | | |
| 1. Name | ___ | ___ |
| 2. Address | ___ | ___ |
| 3. Age | ___ | ___ |
| 4. Date of Birth | ___ | ___ |
| 5. Sex | ___ | ___ |
| 6. School | ___ | ___ |
| 7. Grade Placement | ___ | ___ |
| 8. Program | ___ | ___ |
| Identifying information of the parent and/or guardian. | | |
| 9. Name(s) | ___ | ___ |
| 10. Address(es) | ___ | ___ |
| 11. Phone Number(s) | ___ | ___ |
| 12. Occupation(s) | ___ | ___ |
| 13. Parent/Guardian Permission | ___ | ___ |
| 14. Referral date. | ___ | ___ |
| 15. Referring person(s) | ___ | ___ |
| 16. Reason for referral in descriptive format | ___ | ___ |
| 17. Learning strengths of student | ___ | ___ |
| 18. Services student is receiving | ___ | ___ |
| 19. Recommendations for services | ___ | ___ |
| 20. Name(s) and title(s) of "contact personnel" | ___ | ___ |
| 21. Disposition of referral (action taken) | ___ | ___ |
| 22. Self-explanatory directions | ___ | ___ |
| 23. Form organization | ___ | ___ |
| 24. Amount of recording space | ___ | ___ |

Recommended revisions and/or inclusions: _____

_____

_____

_____

_____

Worksheet VIa

(Case History 1)

COMPLETING REFERRAL FORMS

Directions: Read Case History 1 on the next page. Then complete the referral form below. Fill in all items clearly and concisely. Use your LEA's form, if available.

Student's Name_____ Age___ Birthdate_____

Address_____ Sex___ Grade Placement_____

School_____ Program_____

Referral Date_____ Name Title

Name(s) of Referring Person(s)_____ _____

_____ _____

Parent/Guardian Information:

Mother_____ _____ _____
Name Address Phone No.

Father_____ _____ _____
Name Address Phone No.

Guardian_____ _____ _____
Name Address Phone No.

Occupation _____ _____ _____
Mother Father Guardian

Parent/Guardian Permission Obtained (Check (✓) Yes or No) _Yes _No

Reason for Referral (State student's learning problems descriptively):

_____

_____

_____

Special Services Being Received (Be specific):_____

_____

_____

Strengths of Student _____

_____

Recommendations For Services/Assistance (Suggestions should be clear, concise, reasonable and appropriate):_____

_____

_____

Contact Personnel (To whom the form is forwarded):

| Name | Title | Date Received |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Disposition (Action taken):_____

Case History 1

School: Maryland High School
Date: September 21, 19___

Chu Li is a sixteen-year-old (7/9/___) Oriental male student who entered the 11th grade automotive program on September 5, 19___. Chu lives at 902 H Street, Anytown, Maryland.

Within the first week it became obvious that Chu was experiencing language difficulties. His speaking vocabulary seems limited to "yes, no, here," and he appears to have difficulty understanding classroom instruction. He has failed the first two unit exams, but seems interested in automotives and has good fine motor skills.

A second concern is Chu's social isolation. He is not interacting with other students and keeps to himself through class and lunch periods, though his classmates have tried to include him in their activities.

Chu's parents were contacted on September 19, 19___ (567-7900). The mother, Mrs. Sing Li, explained in broken English that they had arrived in this country from Taiwan in June, 19___ and asked that the father, Chou Li, be contacted at his work place, the Bendix Corporation, where he is employed as an assembly line worker (627-9500 X25). The father was contacted on the same day and expressed a concern about Chu's problems in the automotive program. Mr. Li indicated that he would support the school's efforts in any way and confirmed Chu's high interest in the automotive field.

Chu's cumulative folder contained little information about his educational history except that he had attended a technical school in Taiwan. His guidance counselor, Mr. Jones, suggested that a referral be made on Chu for academic and vocational assessment and language development.

A referral was made on September 20, 19___.

Ms. Jane Mann
Automotive Teacher

Worksheet VIb

(Learner in LEA)

COMPLETING REFERRAL FORMS

Directions: Identify a suspected disadvantaged learner in a LEA. Then complete the referral form below. Fill in all items clearly and concisely. Use your LEA's form, if available.

Student's Name_____ Age___ Birthdate_____

Address_____ Sex___ Grade Placement_____

School_____ Program_____

Referral Date_____ Name Title

Name(s) of Referring Person(s)_____ _____

_____ _____

Parent/Guardian Information:

Mother_____ _____ _____
Name Address Phone No.

Father_____ _____ _____
Name Address Phone No.

Guardian_____ _____ _____
Name Address Phone No.

Occupation _____ _____ _____
Mother Father Guardian

Parent/Guardian Permission Obtained (Check (✓) Yes or No) _Yes _No

Reason for Referral (State student's learning problems descriptively):

_____

_____

_____

Special Services Being Received (Be specific):_____

_____

_____

Strengths of Student _____

_____

Recommendations For Services/Assistance (Suggestions should be clear, concise, reasonable and appropriate):_____

_____

_____

Contact Personnel (To whom the form is forwarded):

| Name | Title | Date Received |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Disposition (Action taken):_____

## Rate Your Performance

### REFERRAL PROCESS CHECKLIST

Directions: Rate the following criteria for describing the referral process and completing referral forms. Check (✓) the appropriate category. All items must receive an acceptable rating. If an item is unacceptable, repeat any activities that are necessary to permit an acceptable rating.

| | Acceptable | Unacceptable |
|---|---|---|
| **LEA Referral Process** | | |
| Contact personnel information is complete. | | |
| 1. Name | ____ | ____ |
| 2. Title | ____ | ____ |
| 3. Service | ____ | ____ |
| 4. Phone | ____ | ____ |
| Information about procedures is complete. | | |
| 5. Initial contact person | ____ | ____ |
| 6. Restrictions | ____ | ____ |
| 7. Routing procedure steps | ____ | ____ |
| 8. Screening/assessment procedure steps | ____ | ____ |
| 9. Disposition procedure steps | ____ | ____ |
| **Completion of Referral Forms** | | |
| Identifying information is complete. | | |
| 10. Name | ____ | ____ |
| 11. Address | ____ | ____ |
| 12. Age | ____ | ____ |
| 13. Birthdate | ____ | ____ |
| 14. Sex | ____ | ____ |
| 15. School | ____ | ____ |
| 16. Grade Placement | ____ | ____ |
| 17. Program | ____ | ____ |
| Information about parents and/or guardian is complete. | | |
| 18. Name(s) | ____ | ____ |
| 19. Address(es) | ____ | ____ |
| 20. Phone Number(s) | ____ | ____ |
| 21. Occupation(s) | ____ | ____ |
| 22. Permission obtained | ____ | ____ |
| 23. Referral Date is included. | ____ | ____ |
| 24. Referring Person(s) is/are identified by name and title. | ____ | ____ |
| 25. Reason for referral describes student's learning problem. | ____ | ____ |

| | | | |
|---|---|---|---|
| 26. | Learning strengths are identified. | ____ | ____ |
| 27. | Services student is currently receiving are included. | ____ | ____ |
| 28. | Recommendations for services are clear, concise, reasonable and appropriate. | ____ | ____ |
| 29. | Contact personnel are identified by names and titles. | ____ | ____ |